

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155744	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/30/2014
NAME OF PROVIDER OR SUPPLIER LUTHERAN LIFE VILLAGES			STREET ADDRESS, CITY, STATE, ZIP CODE 351 N ALLEN CHAPEL RD KENDALLVILLE, IN 46755		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00142663.</p> <p>Complaint IN00142663 Substantiated. Federal/ state deficiencies related to the allegations are cited at F314 and F514.</p> <p>Survey dates: January 29, and 30, 2014</p> <p>Facility number : 000570 Provider number: 155744 AIM number: 100275010</p> <p>Survey team: Christine Fodrea, RN</p> <p>Census bed type: SNF: 11 SNF/NF: 58 Residential: 6 Total: 75</p> <p>Census payor type: Medicare: 11 Medicaid: 47 Other: 17 Total: 75</p> <p>Sample: 5</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on January 31, 2014 by Randy Fry RN.</p>	F 000			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314			2/28/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 314	<p>Continued From page 1</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to track or assess pressure area healing progress for 2 of 3 residents reviewed with pressure areas in a sample of 5 (Resident #V and Resident #W)</p> <p>Findings include:</p> <p>1. Resident #W's clinical record was reviewed 1-30-2014 at 9:30 AM. Resident #W's diagnoses included, but were not limited to, dementia, depression, and high blood pressure.</p> <p>A nurse's note dated 1-21-2014 at 3:00 AM indicated Resident #W had "some sore buttocks," but there was no description of the area included in the note.</p> <p>A nurse's note dated 1-28-2014 at 5:30 AM indicated Resident #W's "bottom (was) very red and (had) 4 small open areas." There was no description of the areas included in the note. The note further indicated duoderm had been applied to the areas.</p>	F 314			

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F 314	<p>Continued From page 2</p> <p>A review of the Skin and Wound documentation in the chart did not indicate the area had been identified.</p> <p>A Skin Condition/ Wound Progression note dated 1-30-2014 at 10:50 AM indicated Resident #W's area had been identified on 1-29-2014.</p> <p>A second Skin Condition/Wound progression note dated 1-30-2014 at 10:43 AM indicated the area was stage 2 measuring 0.4 centimeters (cm) x 0.3 cm. The note further indicated the nurse noted 4 small open areas on the buttocks. The largest area was 0.4 cm x 0.3 cm. There were no other measurements to indicate the size or character of the other areas.</p> <p>During an observation on 1-30-2014 at 10:15 AM, Resident #W's coccyx, was observed to be deep pink in color about the size of a silver dollar. The area was denuded and there was a white coating of ointment on the area.</p> <p>In an interview on 1-30-2014 at 9:59 AM, LPN #1 indicated the area had been denuded since at least Sunday when she observed the area last.</p> <p>In an interview on 1-30-2014 at 2:08 PM, LPN #2 indicated there had been no notification to administrative staff regarding the red area on Resident #W's bottom. She further indicated the 24 hour report looked like his bottom was red and the nurse applied zinc oxide.</p> <p>2. Resident #V's record was reviewed 1-29-2014 at 12:48 PM. Resident #V's diagnoses included, but were not limited to, lung disease, heart disease, and emphysema.</p>	F 314			

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F 314	<p>Continued From page 3</p> <p>A nurse's note dated 12-26-2013 at 2:56 PM indicated the family called the facility to report a red area on Resident #V's buttocks crease measuring 0.5 cm x 0.5 cm. Although the note indicated staff were applying zinc oxide to the area, there was no further description of the area to corroborate the family report. There is no further mention of the condition of Resident #V's skin.</p> <p>An Emergency Room report dated 1-26-2014 indicated there was a first degree (stage 1) decubiti on the sacral area that was clearly not blanchable. The note further indicated there was no full thickness decubiti noted.</p> <p>A review of the Skin and Wound documentation in the chart did not indicate the area had been identified.</p> <p>There were no Skin Condition/ Wound Progression reports to review.</p> <p>During an observation on 1-30-2014 at 11:04 AM, there were no red or open areas noted on Resident #V.</p> <p>In an interview on 1-29-2014 at 1:59 PM, the Director of Nursing indicated the facility did not generate wound reports or track wounds until the area was open.</p> <p>This Federal tag relates to Complaint IN00142663.</p>	F 314			
F 514 SS=D	<p>3.1-40(a)(2) 483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB</p>	F 514		2/14/14	

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F 514	<p>Continued From page 4 LE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to document assessment after a fall for 1 of 3 residents reviewed with falls in a sample of 5. (Resident #V)</p> <p>Findings include:</p> <p>Resident #V's record was reviewed 1-29-2014 at 12:48 PM. Resident #V's diagnoses included, but were not limited to, lung disease, heart disease, and emphysema.</p> <p>A nurse's note dated 1-26-2014 at 5:00 AM (noted as a late entry on 1-26-2014 at 7:53 AM) indicated Resident #V had fallen trying to pick up something off the floor or go to the bathroom. The note further indicated Resident #V was complaining of pain in her hip. There was no indication in the note the nurse assessed the leg or hip area.</p>	F 514			

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F 514	<p>Continued From page 5</p> <p>In an interview on 1-29-2014 at 4:21 PM, LPN #3 indicated she had completed a full body assessment, but had forgotten to document her findings because she had been so busy. LPN #3 further indicated she should have documented the findings of the assessment.</p> <p>This Federal tag relates to Complaint IN00142663.</p> <p>3.1-50(a)(2)</p>	F 514			